

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Texas - El Paso
(State)Case number (if known): _____ Chapter 11 Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Border Medical Specialists, PA

2. All other names debtor used in the last 8 years

Teresa A. Reed, MD, PAInclude any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

7 4 - 2 6 8 7 0 1 5

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1400 George Dieter Drive #170
Number Street

Number Street

El Paso TX 79936
City State ZIP Code

City State ZIP Code

El Paso
County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

N/A

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor Border Medical Specialists, PA _____ Case number (if known) _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 3 2

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9

Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
 MM / DD / YYYY

District _____ When _____ Case number _____
 MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor _____ Relationship _____

District _____ When _____
 MM / DD / YYYY

Case number, if known _____

Debtor	Border Medical Specialists, PA		Case number (if known)
<p>11. Why is the case filed in this district?</p> <p><i>Check all that apply:</i></p> <p><input checked="" type="checkbox"/> Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.</p> <p><input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.</p>			
<p>12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.</p> <p>Why does the property need immediate attention? (Check all that apply.)</p> <p><input type="checkbox"/> It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard? _____</p> <p><input type="checkbox"/> It needs to be physically secured or protected from the weather.</p> <p><input type="checkbox"/> It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).</p> <p><input type="checkbox"/> Other _____</p>		
<p>Where is the property?</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p>			
<p>Is the property insured?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Insurance agency _____</p> <p>Contact name _____</p> <p>Phone _____</p>			
<p>Statistical and administrative information</p>			
<p>13. Debtor's estimation of available funds</p>	<p><i>Check one:</i></p> <p><input checked="" type="checkbox"/> Funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.</p>		
<p>14. Estimated number of creditors</p>	<p><input checked="" type="checkbox"/> 1-49</p> <p><input type="checkbox"/> 50-99</p> <p><input type="checkbox"/> 100-199</p> <p><input type="checkbox"/> 200-999</p>	<p><input type="checkbox"/> 1,000-5,000</p> <p><input type="checkbox"/> 5,001-10,000</p> <p><input type="checkbox"/> 10,001-25,000</p>	<p><input type="checkbox"/> 25,001-50,000</p> <p><input type="checkbox"/> 50,001-100,000</p> <p><input type="checkbox"/> More than 100,000</p>
<p>15. Estimated assets</p>	<p><input type="checkbox"/> \$0-\$50,000</p> <p><input type="checkbox"/> \$50,001-\$100,000</p> <p><input type="checkbox"/> \$100,001-\$500,000</p> <p><input type="checkbox"/> \$500,001-\$1 million</p>	<p><input checked="" type="checkbox"/> \$1,000,001-\$10 million</p> <p><input type="checkbox"/> \$10,000,001-\$50 million</p> <p><input type="checkbox"/> \$50,000,001-\$100 million</p> <p><input type="checkbox"/> \$100,000,001-\$500 million</p>	<p><input type="checkbox"/> \$500,000,001-\$1 billion</p> <p><input type="checkbox"/> \$1,000,000,001-\$10 billion</p> <p><input type="checkbox"/> \$10,000,000,001-\$50 billion</p> <p><input type="checkbox"/> More than \$50 billion</p>

Debtor Name	<u>Border Medical Specialists, PA</u>			Case number (if known)
16. Estimated liabilities		<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
		<input type="checkbox"/> \$50,001-\$100,000	<input checked="" type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
		<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
		<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/19/2016
MM / DD / YYYY

/s/ Teresa A. Reed, MD Teresa A. Reed, MD
Signature of authorized representative of debtor Printed name
Title President

18. Signature of attorney

/s/ Carlos A. Miranda III, Esq. Date 01/19/2016
Signature of attorney for debtor MM / DD / YYYY

Carlos A. Miranda III, Esq.

Printed name

MIRANDA & MALDONADO, P.C.

Firm name

5915 Silver Springs, Bldg. 7

Number Street

El Paso

City

Texas

79912

State

ZIP Code

915-587-5000

Contact phone

cmiranda@mirandafirm.com

Email address

14199582

Bar number

Texas

State

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
EL PASO DIVISION

In Re: Border Medical Specialists Case No. _____
§
§
§
§ Chapter 11
§

LIST OF CREDITORS VERIFICATION

The above named debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of their knowledge.

/s/ Teresa A. Reed, MD, President

01/19/2016

Debtor

Date

Joint Debtor

Date

El Paso Central Appraisal District
5801 Trowbridge Drive
El Paso, Texas 79925

Internal Revenue Service
Special Procedures
P. O. Box 7346
Philadelphia, PA 19101

Texas Comptroller of Public Accounts
Revenue Accounting Division - Bankruptcy Section
P.O. Box 13528
Capitol Station Austin, TX 78711

Texas Workforce Commission
TWC Building - Regulatory Integrity Division
101 East 15th Street
Austin, TX 78778

Assistant Attorney General
c/o Hal F. Morris, Esq.,
Office of the Texas Attorney General
Bankruptcy and Collections Division
PO Box 12548 MC-008
Austin, Texas 78711-2548

Texas Department of aging and Disability Services
c/o Ann Skowronski, Esq.
Litigation Unit Attorney Legal Services
Main Code W-615
701 W. 51st St.
Austin, Texas 78751

Accelerator Service and Parts
c/o Stuart Schwartz
ScottHulse Law Firm
201 E Main Street
El Paso, TX 79901

United States Trustee
615 E. Houston, Suite 533
San Antonio, TX 78205